

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/535014**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		5					56		1				
7		5					57		1				
8		6					58		1				
9		6					59		1				
10		7					60		1				
11		7					61		1				
12		7					62		1				
13		7					63		1				
14		7					64		1				
15		7					65		1				
16		7					66		1				
17		7					67		1				
18		7					68		1				
19		7					69	1					
20		7					70	1					
21		7					71		1				
22		7					72		1				
23		7					73						
24		7					74						
25		7					75						
26		7					76						
27		7					77						
28		7					78						
29		7					79						
30		7					80						
31		7					81						
32		7					82						
33		7					83						
34		7					84						
35		7					85						
36		7					86						
37		7					87						
38		7					88						
39		7					89						
40		7					90						
41		7					91						
42		7					92						
43		7					93						
44		7					94						
45		7					95						
46		7					96						
47		7					97						
48		7					98						
49		7					99						
50		7					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	29	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	32					